



To,

The Coordinator,  
Mediwheel (Arcofemi Healthcare Limited)  
Helpline number: 011- 41195959

Dear Sir / Madam,

**Sub: Annual Health Checkup for the employees of Bank of Baroda**

This is to inform you that the following spouse of our employee wishes to avail the facility of Cashless Annual Health Checkup provided by you in terms of our agreement.

PARTICULARS OF HEALTH CHECK UP BENEFICIARY	
NAME	RUPAM KUMARI
DATE OF BIRTH	10-06-1983
PROPOSED DATE OF HEALTH CHECKUP FOR EMPLOYEE SPOUSE	09-03-2024
BOOKING REFERENCE NO.	23M116258100095760S
SPOUSE DETAILS	
EMPLOYEE NAME	MR. KUMAR ABHIJEET
EMPLOYEE EC NO.	116258
EMPLOYEE DESIGNATION	SINGLE WINDOW OPERATOR A
EMPLOYEE PLACE OF WORK	BOKARO STEEL CITY
EMPLOYEE BIRTHDATE	17-12-1979

This letter of approval / recommendation is valid if submitted along with copy of the Bank of Baroda employee id card. This approval is valid from **02-03-2024** till **31-03-2024**. The list of medical tests to be conducted is provided in the annexure to this letter. Please note that the said health checkup is a **cashless facility** as per our tie up arrangement. We request you to attend to the health checkup requirement of our employee's spouse and accord your top priority and best resources in this regard. The EC Number and the booking reference number as given in the above table shall be mentioned in the invoice, invariably.

We solicit your co-operation in this regard.

Yours faithfully,

Sd/-

**Chief General Manager  
HRM Department  
Bank of Baroda**

(Note: This is a computer generated letter. No Signature required. For any clarification, please contact Mediwheel (Arcofemi Healthcare Limited))



भारत सरकार  
GOVERNMENT OF INDIA

रूपम कुमारी  
Rupam Kumari  
जन्म तिथि/ DOB: 10/06/1983  
महिला / FEMALE

6788 1426 8851

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:  
संबोधित: अभिजीत कुमार,  
प्लॉट नं.- गबग/ 13, मिटी  
सेक्टर, सेक्टर- 4, पोस्ट-  
सेक्टर- 4, बोकारो स्टील  
मिटी, बोकारो,  
झारखण्ड - 827004

Address:  
WO: Abhijeet Kumar, PLOT NO-  
HA/ 13, CITY CENTRE, SECTOR- 4,  
POST- SECTOR- 4, Bokaro Steel City,  
Bokaro,  
Jharkhand - 827004

6788 1426 8851

Aadhaar-Aam Admi ka Adhikar



Mediwheel

Department of Obstetrics & Gynaecology

Regd. No. : MAR24-79024  
 Patient Name : MRS. RUPAM KUMARI  
 Age/Sex : 40 Y B M O D / Female  
 Address : CITY CENTRE, SEC-4, BOKARO STEEL CITY, Bokaro - 827004, JHARKHAND,  
 Doctor : Dr. Jyotana Jha MBBS, DGO (MCH, Kolkata)

Visit : OPD/80324/197390  
 Mobile : 8877933394  
 Date : 8-Mar-2024 3:04 pm  
 OPD Timing :  
 Referred By :

Allergies :  
 Height : Ft In Temp. : 97.1 F SPO2 : 95 %  
 Weight : 80 Kg Pulse : 83 BPM B.P. : 140/90 mm/Hg

History and complaints :

40 yrs / Mf - 14 yrs / P<sub>1</sub> L<sub>1</sub> / Not ligated  
 ↳ LSCS 12 1/2 yrs back

Examination:

HBA<sub>1c</sub> - 5.4  
 LFT - WNL

LMP - 1 1/2 yrs back.

Attained menopause.

Diagnosis:

Urine R/E :  
 Pus cells 2-4/hpf

M/C/O hypothyroidism, on Tab Eltroxin 25 mg  
 c/o freq micturition on & off

Investigations:

TLC - 8,800  
 PM - 1.59  
 TSH - 4.99  
 CA125 - 16

Medicines Prescribed:

Adv

- Urofizz sachet once daily in a glass of water.
- Urine c/s.
- Review c/ Physician for hepatomegaly & splenomegaly.
- Tab Nitrofurantoin (100) 1 tab BD x 7 days.
- Drink plenty of water.

Follow up:

Days

Advice (Diet/ Lifestyle / Rehab)

Date :

Time :

Signature of Doctor

\*This document is not valid for Medico-Legal purposes





# असर्फी हॉस्पिटल

सबके लिए स्वास्थ्य

Department of Emergency

## OUT PATIENT DEPARTMENT

Patient ID: MAR24-79024

Name: MRS. RUPAM KUMARI

Age: 40 Y B M O D / Female

Address: CITY CENTRE, SEC-4, BOKARO STEEL CITY, Bokaro - 827004, JHARKHAND,

Physician: Dr. Amir Rashid MEM

Visit

Mobile

Date

OPD/80324/197402

8877933394

8-Mar-2024 3:30 pm

OPD Timing

Referred By

Height: Ft In Temp: 97.1 F

Weight: 80 Kg Pulse: 83

SPO2: 95

BPM B.P.: 140/90 mm/Hg

Allergies:

History and complaints:

PHC

NO 40 Generalized weakness.

440 Hypotension/dyslipidemia

post menopause

Examination:

Diagnosis:

Investigations:

Medicines Prescribed:

- T. Etosoni 25 mg po BID (Cont)
- low fat diet, Exercise, wt. loss.
- T. Atorvas 10 mg po QD
- Review of 805

Follow up:

Days

Advice (Diet/ Lifestyle / Rehab)

Date:

Time:

Signature of Doctor

\*Prescription to be valid for 7 Days only.

\*This document is not valid for Medico-Legal purposes.



mrs rupam kumari  
Female

08-Mar-24 12:27:37

ASARFI INST. OF CARDIAC SCIENCES



Rate 77 . Sinus rhythm.....Normal P axis, V-rate 50- 99  
. Borderline T wave abnormalities.....T/QRS ratio < 1/20 or flat T

PR 163  
QRSD 96  
QT 386  
QTc 437

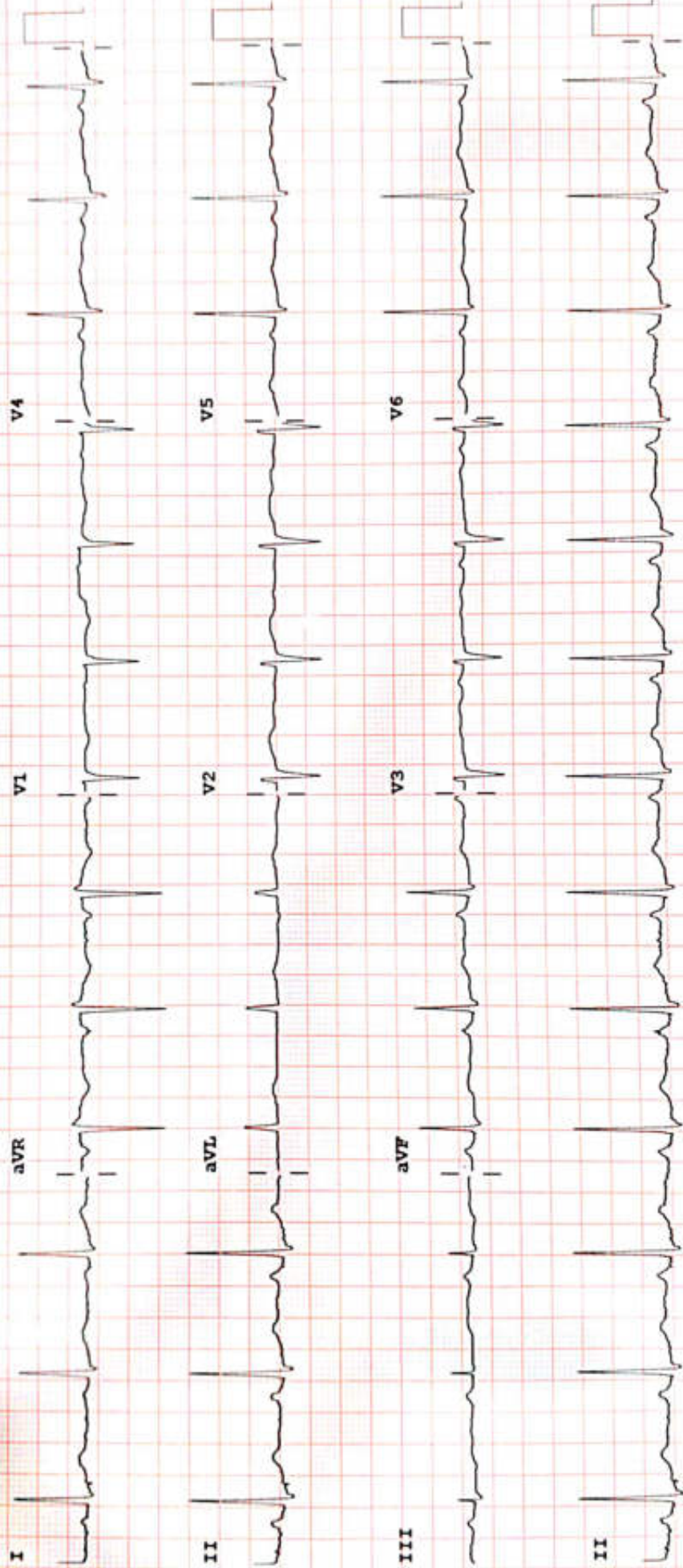
--AXIS--

P 67  
QRS 28  
T 18

12 Lead; Standard Placement

- BORDERLINE ECG -

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

P 50- 0.50-100 Hz W

PH100B CL

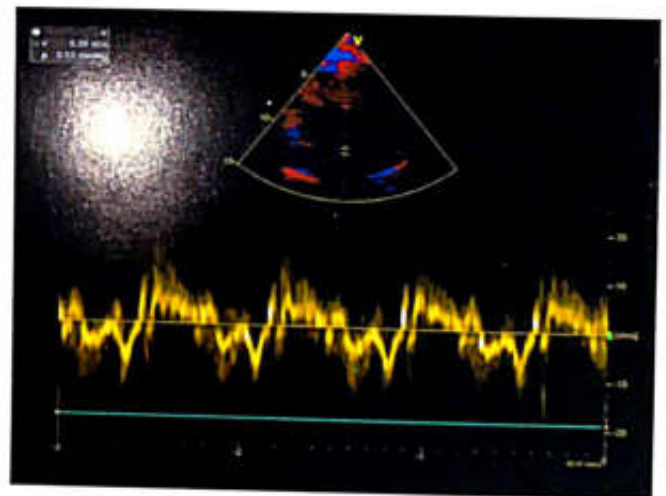
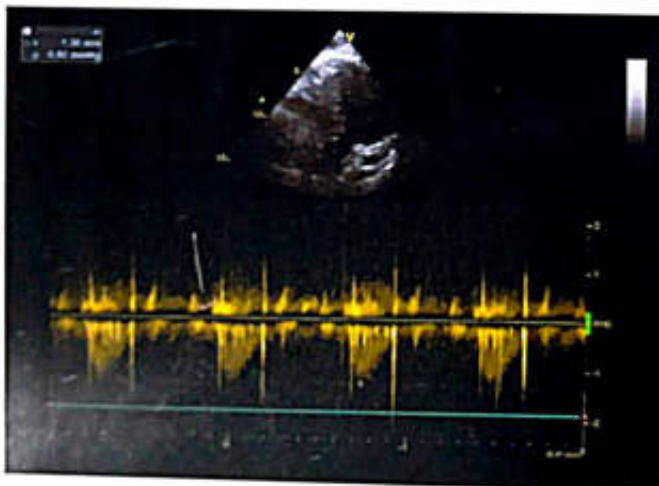
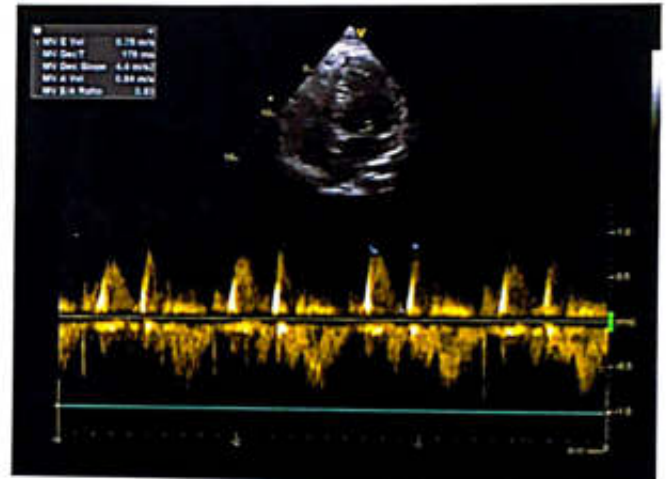
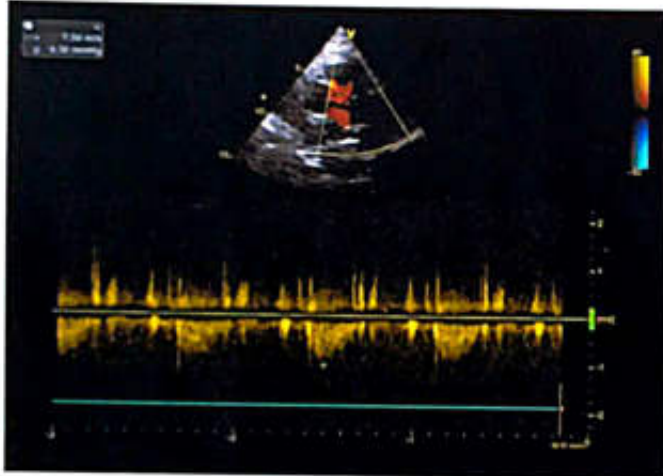
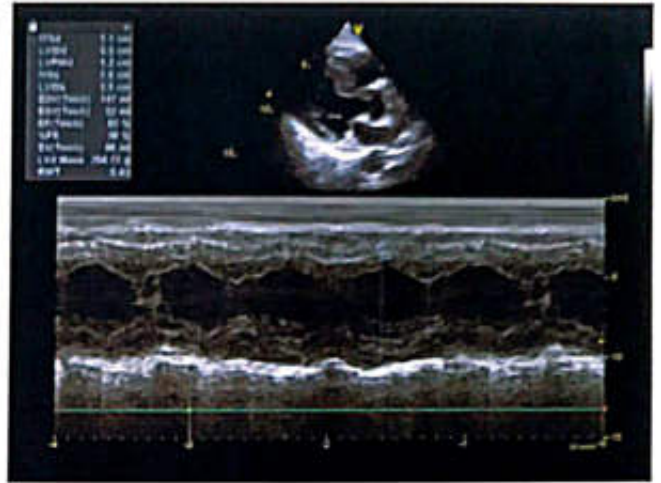
P?

# ASARFI INSTITUTE OF CARDIAC SCIENCES

Name : MRS RUPAM KUMARI

Date : 08/03/2024

Patient Id : 79024



## REPORT

### ECHOCARDIOGRAPHY REPORT

Name: **MRS RUPAM KUMARI**

Age: **40**

Sex: **Female**

Date: **08/03/2024**

#### 2D & M-MODE MEASUREMENTS

LA Diam	3.5 cm
Ao Diam	2.8 cm
IVSd	1.1 cm
LVIDd	5.5 cm
LVPWd	1.2 cm
IVSs	1.6 cm
LVIDs	3.5 cm

#### 2D & M-MODE CALCULATIONS

EDV(Teich)	147 ml
ESV(Teich)	52 ml
EF(Teich)	65 %
%FS	36 %
SV(Teich)	96 ml
LVd Mass	294.72 g
RWT	0.43

#### MITRAL VALVE

MV E Vel	0.78 m/s
MV DecT	178 ms
MV Dec Slope	4.4 m/s <sup>2</sup>
MV A Vel	0.84 m/s
MV E/A Ratio	0.93
E'	0.09 m/s
E/E'	9.09

#### AORTIC VALVE

AV Vmax	1.30 m/s
AV maxPG	6.80 mmHg

#### TRICUSPID VALVE

PV Vmax	1.04 m/s
PV maxPG	4.36 mmHg

#### COMMENTS:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-62%)
- GRADE I DIASTOLIC DYSFUNCTION
- NO MR, AR, NO TR, NO PAH
- IAS, IVS INTACT
- NO CLOT, PE
- IVC NORMAL

#### IMPRESSION:

- NORMAL SIZE CARDIAC CHAMBERS
- NO LVRWMA
- GOOD LV SYSTOLIC FUNCTION (EF-63%)
- GRADE I DIASTOLIC DYSFUNCTION

DR. S.H CHAVAN  
(CONSULTANT CARDIOLOGIST)

TECH. SIG



## RADIOLOGY REPORT

Reg. No.	79024	Ref. Dr.	SELF
Name	MRS. RUPAM KUMARI	Study	USG BOTH BREASTS
Age & Sex	40Y /F	Date	08.03.2024

### USG BOTH BREASTS

#### Technique

Ultrasonography of both breasts was done using a high frequency linear transducer.

#### Observation

Bilateral breasts show mixed fatty and fibroglandular parenchyma.

There is no evidence of any solid mass or cystic lesion in both breasts.

No evidence of architectural distortion or skin thickening is seen.

Bilateral nipples and retroareolar region appear unremarkable.

No significant axillary lymph nodes are seen.

#### IMPRESSION -

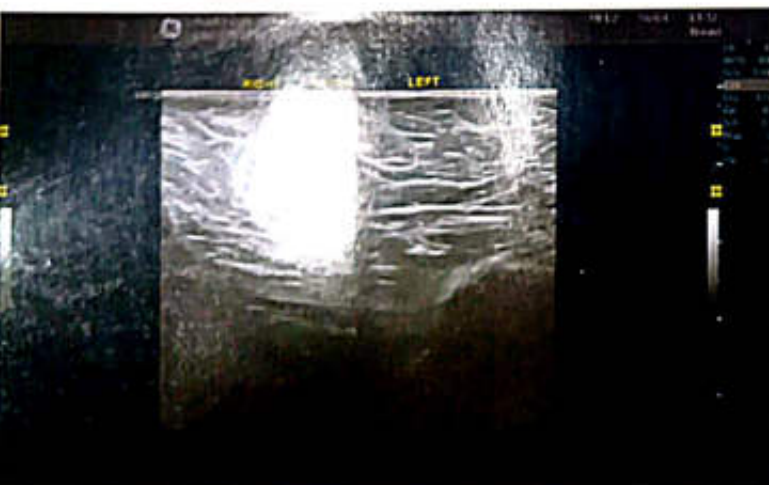
- Bilateral USG BIRADS I breast.



Dr. VAISHALI PATEL  
MBBS, DNB (Radio-diagnosis)  
Consultant Radiologist







## RADIOLOGY REPORT

Reg. No.	79024	Ref. Dr.	SELF
Name	MRS. RUPAM KUMARI	Study	USG WHOLE ABDOMEN
Age & Sex	40Y /F	Reporting Date	08.03.2024

### USG WHOLE ABDOMEN

- LIVER** : Liver is enlarged in size and measures 19.5cm. It appears bright in echotexture. No obvious focal lesion is seen. IHBR are not dilated.
- GALL BLADDER** : GB is partially distended. No obvious calculus or mass lesion is seen.
- CBD** : CBD is normal in course & caliber.
- PV** : PV is normal in course & caliber.
- PANCREAS** : Pancreas is normal in size, shape & echotexture. Peripancreatic soft tissues appear normal. MPD is not dilated.
- SPLEEN** : Spleen is borderline enlarged in size & measures 12.3cm.
- KIDNEYS** : The right kidney measures 10.7 x 3.8cm. The left kidney measures 10.8 x 5cm. Both kidneys are normal in shape, size & position. The pelvicalyceal system is normal. Corticomedullary differentiation is maintained. No focal lesion is seen.
- URINARY BLADDER** : Urinary bladder is well distended. No obvious calculus or mass lesion is seen. The wall thickness is normal.
- UTERUS & OVARIES** : Uterus shows postmenopausal atrophy. Endometrium is thin. No adnexal mass is seen.
- OTHERS** : No ascites or retroperitoneal lymphadenopathy is seen.
- IMPRESSION** :
- Hepatomegaly with grade I diffuse fatty infiltration of liver.
  - Borderline splenomegaly.



Dr. VAISHALI PATEL  
MBBS, DNB (Radio-diagnosis)  
Consultant Radiologist



## RADIOLOGY REPORT

Patient Name :	MRS.RUPAM KUMARI	Patient ID :	79024
Modality :	DX	Sex :	F
Age :	40Y	Study :	CXR
Reff. Dr. :	DR. SELF	Study Date :	08-03-2024

### X-RAY CHEST PA VIEW

Mildly rotated film.  
Bilateral bronchovascular markings are prominent  
Bilateral costophrenic angles are unremarkable.  
Bilateral hila are unremarkable.  
Domes of diaphragm are normal in morphology and contour.  
Cardiac size is within normal limits.  
Bony thoracic cage appears normal.

\*Recommended clinical correlation



**Dr. Manish Kumar Jha**  
MBBS, MD (Radio-diagnosis)  
Registration No. 77237 (WBMC)  
Date 08-03-2024 Time 11-46-26



**Disclaimer:** - It is an online interpretation of medical imaging based on clinical data. All modern machines/ procedures have their own limitation. If there is any clinical discrepancy, this investigation may be repeated or reassessed by other tests. Patient's identification in online reporting is not established, so in no way can this report be utilized for any medico legal purpose.

**24 HOUR EMERGENCY**

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**FINAL REPORT**

Name : MRS. RUPAM KUMARI  
Reg. No. : MAR24-79024  
Age / Sex : 40 Y 8 M 0 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 08-03-2024 10:07:37  
Receiving Time : 08-03-2024 10:09:26  
Reporting Time : 08-03-2024 14:01:04  
Publish Time : 08-03-2024 2:28 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Biochemistry</b>				
<b>Creatinine, Serum</b> Method: Enzymatic				
Creatinine, Serum	0.6		mg/dl	0.6-1.4
			Machine Name: XL640	
<b>Uric Acid, Serum</b> Method: Enzymatic				
Uric Acid, Serum	4.5		mg/dl	3.4-7.0
			Machine Name: XL640	
<b>Blood Urea Nitrogen (BUN)</b> Method: Calculated				
Blood Urea Nitrogen (BUN)	7.85		mg/dl	07-21
			Machine Name: XL640	
<b>Fasting Blood Glucose, Plasma</b> Method: GOD-POD				
Fasting Blood Glucose, Plasma	96.0		mg/dl	70-110
			Machine Name: XL640	
<b>LIPID PROFILE, SERUM</b> Method: Spectrophotometry				
Triglycerides (Enzymatic)	259.0	H	mg/dl	Normal: <150 Borderline-high: 150-199 High risk 200-499 Very high risk >500
			Machine Name: XL640	
Cholesterol, Total (CHOD/PAP)	207.0		mg/dl	<200 No risk 200-239 Moderate risk >240 High risk
VLDL Cholesterol (Calculated)	51.8	H	mg/dl	0-30
HDL Cholesterol (Enzymatic)	36.0	L	mg/dl	<40 High Risk ; >60 No Risk



DR N N SINGH  
MD (PATHOLOGY)

**Terms and Conditions of Laboratory Testing & Reporting**

(1) It is presumed that the test(s) performed are on the specimen(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/ Sample(s). (2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Test results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/leaky, etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. Email: labasarfi@gmail.com

**24 HOUR EMERGENCY**



**FINAL REPORT**

Name : MRS. RUPAM KUMARI  
Reg. No. : MAR24-79024  
Age / Sex : 40 Y 9 M 1 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel



Collection Time : 08-03-2024 10:07:37  
Receiving Time : 08-03-2024 10:09:28  
Reporting Time : 11-03-2024 10:51:15  
Publish Time : 11-03-2024 10:59 am

Test Name	Result	Flag	Unit	Reference Range
LDL Cholesterol (Calculated)	119.2	H	mg/dl	Optimum:<100 Above optimum:<130; Moderate risk:130-159; High risk:>160
Cholesterol Total : HDL Ratio (Calculated)	5.75		mg/dl	1.2-6.0
<b>GLYCOCYLATED HEMOGLOBIN (HbA1C), BLOOD</b> Method : HPLC / Nephelometry				Machine Name: BIO-RAD, D-10 / MISPA
HbA1C	5.4		%	4.4-6.2
Estimated average glucose (eAG)	108.28		mg/dl	
<b>Glucose, PP</b> Method : GOD-POD				
Glucose, PP	134.9		mg/dl	70-140



DR N N SINGH  
MD (PATHOLOGY)

**Condition of Laboratory Testing & Reporting**

(1) It is presumed that the test(s) performed are on the specimen(s) (Sample/s) belonging to the patient named and the verification of the particulars have been carried out by the laboratory. (2) Tests results are not valid for medico legal Purposes. (3) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/clotted/lipemic etc.) (b) Incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email-labasarfi@gmail.com

**24 HOUR EMERGENCY**

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## FINAL REPORT

Name : MRS. RUPAM KUMARI  
Reg. No. : MAR24-79024  
Age / Sex : 40 Y S M O D / Female  
Doctor : Self-Walkin  
Pat. Type : Medi/wheel



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Publish Time : 08-03-2024 2:28 pm

Test Name	Result	Flag	Unit	Reference Range
<b>Liver Function Test (LFT)</b>				
Method: Spectrophotometry				
Bilirubin Total (Diazo)	0.9		mg/dl	0.3-1.2
Bilirubin Direct (Diazo)	0.2		mg/dl	0.00-0.2
Bilirubin Indirect (Calculated)	0.7		mg/dl	0.00-1.0
SGPT (IFCC without PDP)	52.0	H	U/L	7-50
SGOT (IFCC without PDP)	39.0		U/L	5-45
Alkaline Phosphate (PNP AMP Kinetic)	342.5	H	U/L	70-306
GGT (Enzymatic)	28.0		U/L	0-55
Protein Total (Biuret)	7.9		g/dl	6.4-8.3
Albumin (BCG)	4.3		g/dl	3.5-5.2
Globulin (Calculated)	3.6		g/dl	2.3-3.5
A : G Ratio (Calculated)	1.19			0.8-2.0

Machine Name: XL-640



  
DR N N SINGH  
MD (PATHOLOGY)

**Policy of Laboratory Testing & Reporting**

(1) It is presumed that the test(s) performed are on the specimen(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s)/ Sample(s)(2) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (3) Results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a)Specimen received is insufficient or inappropriate. (haemolysed/clotted/epemic etc.) (b)Incorrect specimen type for requested test. (c)Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282. Email-labasarfi@gmail.com

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Test Name	Result	Flag	Unit	Reference Range
Clinical Pathology				



  
**DR N N SINGH**  
 MD (PATHOLOGY)

**Conditions of Laboratory Testing & Reporting**  
 (1) This document is not valid for Medico-Legal purposes. (2) The results of the test(s) performed are on the specimen(s) received. (3) The results are not valid for medico legal Purposes. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (haemolysed/dotted/epemic etc.) (b) incorrect specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email: labasarfi@gmail.com

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Reg. No. : MAR24-79024  
Age / Sex : 40 Y 8 M 0 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel

Test Name	Result	Flag	Unit	Reference Range
Crystals	NOT SEEN		/hpf.	
others	NOT SEEN			
<b>Protein:Creatinine Ratio; Urine</b>				
Method: Immunoturbidimetry, Spectrophotome:				
Protein	124.0		mg/L	
Creatinine	33.2		mg/dl	
PCR	3.73		mg/g	0-0.5



  
**DR N N SINGH**  
MD (PATHOLOGY)

**Disclaimers for Medical or Medico-Legal purposes**

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**24 HOUR EMERGENCY**



# ASARFI HOSPITAL LABORATORY

(A Unit of Asarfi Hospital Ltd.)

Baramuri, Bishunpur Polytechnic, Dhanbad 828 130  
Ph. No.: 7808368888, 9234681514



MC-5939

## FINAL REPORT



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Reg. No. : MAR24-79024  
Age / Sex : 40 Y 9 M 1 D / Female  
Doctor : Self-Walkin  
Pat. Type : Mediwheel

Test Name	Result	Flag	Unit	Reference Range
-----------	--------	------	------	-----------------

### Microbiology

#### Culture & Sensitivity (Urine)

Method : vitek 2 compact

Organism Isolated

Machine Name: vitek 2 compact

NO GROWTH OF ANY ORGANISM



DR N N SINGH  
MD (PATHOLOGY)

#### Condition of Laboratory Testing & Reporting

(1) It is presumed that the test(s) performed are on the specimen(s) / Sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out. (2) Tests results are reported on the basis of the available data and are not to be used for legal purposes. (3) Laboratory investigations are only tool to facilitate in arriving at diagnosis and should be clinically correlated. (4) Test requested might not be performed due to following Reason: (a) Specimen received is insufficient or inappropriate. (b) Specimen type for requested test. (c) Specimen quality is unsatisfactory. (d) There is a discrepancy between the label on the specimen container and the Name on the test requisition form. (5) The Results of the Test May vary from lab and also from time to time for the same patient. (6) The results of a laboratory test are dependent on the quality of the sample as well as the assay technology. (7) In case of queries or unexpected test results please call at +91 9297862282, Email-labasarfi@gmail.com

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**24 HOUR EMERGENCY**

"KEEP THE REPORTS CAREFULLY AND BRING THEM ALONG DURING YOUR NEXT VISIT TO OUR HOSPITAL"





